# Department of State Health Services EMS/Trauma Systems Section Regional Advisory Council (RAC) Performance Criteria

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## Regional Advisory Council (RAC) Contract Criteria

#### Injury and Disease Epidemiology

- 1. In collaboration with the EMS-Trauma Section and the Office of Injury Prevention / EMS and Trauma Registry, the RAC describes the epidemiology of prehospital, trauma, pediatrics, geriatrics, stroke, maternal, neonatal, and cardiac in your region and the unique features of the geographic population related to the following ages.
  - a. Children from birth to one year of age
  - b. Children greater than one year of age to 11 years of age
  - c. Adolescents greater than 11 years of age to 14 years of age
  - d. Adolescents 15 to 17 years of age
  - e. Adults 18 to 64 years of age
  - f. Geriatrics 65 to 84 years of age
  - g. Geriatrics 85 and older
  - h. Rural or frontier injuries compared to suburban and urban.
- 2. The RAC defines the number of prehospital, trauma, pediatric, stroke, maternal, neonatal, and cardiac deaths (including dead-on-arrival, died in the emergency department, and died in the hospital) reported by the designated facilities and various databases available.
- 3. The RAC defines the health epidemiology characteristics of maternal and neonatal care as outlined by the Perinatal Regional Collaboratives.
- 4. The RAC defines the databases utilized by the RAC to formulate the epidemiology profile.
- 5. The RAC describes the process for completing ongoing and routine prehospital, trauma, pediatric, geriatric, perinatal, stroke, cardiac, and disease surveillance and the process for sharing results with RAC stakeholders and partners.

#### Regional Self-Assessment

- The RAC must engage its committees and stakeholders when facilitating the completion of the regional self-assessment during the first twelve months of the contract and submit the completed assessment to the department.
- 2. A review of the completed regional self-assessment will identify opportunities for improvement. Each element of the self-assessment

- requires a minimum score of three. If the assessment identifies a score less than three, the region must develop an action plan to move the element to a score of three.
- 3. The RAC must integrate the self-assessment findings into the revisions of the regional trauma and emergency healthcare system plan during the second twelve months of the contract and submit the revised regional trauma and emergency healthcare system plan to the department in the last month of the contract.

#### Regional Requirements

- 1. RAC must have processes for stakeholders to collaborate and define the following:
  - a. the regional trauma, perinatal, stroke, cardiac, and emergency healthcare system plan;
  - b. guidelines for protecting confidentiality for entities participating in the elements of review as part of the system performance improvement process;
  - c. developing, implementing, educating stakeholders, and monitoring regional guidelines of care;
  - developing, implementing, educating stakeholders, and monitoring patient flow out of the region, based on the regional guidelines;
  - e. collecting capacity and capability data from hospitals and EMS providers for system monitoring and performance improvement; and
  - f. conducting system annual evaluations.
- 2. Within the regional plan, describe how trauma, pediatric, geriatric, perinatal, stroke, and cardiac awareness and prevention activities, prehospital providers, public health, special population needs, emergency management, non-government resources, non-profit agencies, and the business community are integrated with the system.

### Regional System Leadership

1. The RAC has provisions to review and revise its bylaws every other year and measures to ensure regional stakeholders have a voice in the bylaws revision.

- a. The bylaws must define the members of the board and the duties of the board.
- b. The bylaws must have measures in place to ensure geographic variability of stakeholders on the board.
- c. The bylaws must define the standing committees of the RAC and outline each committee's purpose and duties.
- d. The members of the board must be elected by the general membership.
- e. The bylaws must be voted on and approved by the general members of the RAC.
- 2. The RAC leadership team consistently reviews and monitors the trauma, pediatric, geriatric, perinatal, stroke, cardiac, and emergency healthcare systems of care to identify opportunities for improvement.
  - a. The RAC priorities and actions align with the GETAC Vision.
  - b. The RAC priorities and actions align with the GETAC Mission.
- 3. Describe the various multidisciplinary committees and the stakeholder participation defined in the RAC bylaws.
  - a. Include pediatric care representatives in the multidisciplinary healthcare committees if the bylaws do not establish a pediatric committee.
  - b. Include geriatric care representatives in the multidisciplinary healthcare committees that provide input into system development.
  - c. Include perinatal care representatives in the multidisciplinary healthcare committees if the bylaws do not establish a perinatal committee.
  - d. Describe the process of involving experts and advocates for special populations, such as the child fatality review teams, physical abuse, substance abuse, and mental health in regional system planning.
  - e. Describe how the multidisciplinary committees participate in the annual evaluation of the regional trauma, pediatric, geriatric, perinatal, stroke, cardiac, and healthcare system.
- 4. The RAC must have processes for developing, mentoring, and engaging stakeholders in the region's leadership, including EMS providers, medical and nursing leadership, designated centers, and other stakeholders.

5. The current bylaws and the current board members must be available on the RAC's website for public access.

#### Regional Coalition Building and Community Partnerships

- 1. The RAC will develop and maintain collaborative relationships and partnerships with community stakeholders to support the trauma, pediatric, geriatric, perinatal, stroke, cardiac, and emergency healthcare system coalitions as outlined in the regional plan, such as fall prevention, Stop the Bleed, mental health, physical abuse, substance abuse or other priorities identified through the completed regional self-assessment.
  - a. RAC leadership will promote the regional trauma, pediatric, geriatric, perinatal, stroke, cardiac, and emergency healthcare system plan to the hospital chief executive officers, county judges, public health entities, law enforcement agencies, military resources, academic entities, transportation industry, and entertainment venues as defined by the regional priorities.
  - b. RAC leadership will define the method and frequency for communicating with stakeholders, hospital leaders, coalition members, and the community.
- 2. RAC leadership will establish a plan for mobilizing community partners to address identified regional system opportunities for improvements.
  - a. Define how RAC leaders are integrated with the community leaders to assist in identifying trauma, pediatric, geriatric, perinatal, stroke, and cardiac prevention and awareness campaigns.
  - b. Identify and address the key problems or initiatives outlined by the community leaders.
  - c. Describe how stakeholders notify RAC leadership of challenges or gaps in meeting defined requirements.

#### Human Resources within the RAC

1. Define the number of RAC paid FTEs, full-time, part-time, and contract individuals supported by the department contract, including their position titles, job descriptions, and roles or responsibilities that support the regional programs.

- 2. Each RAC FTE funded by the department contract shall have an annual performance review that includes input from regional stakeholders, using established performance standards specific to their job responsibilities and job functions of their current job description.
- 3. Define the process for RAC-approved employee salary increases when using funding from the department contract.
- 4. Identify other personnel supported by the department contract for defined projects or resources.
- 5. Define personnel limitations in assisting in developing regional programs to sustain the trauma and emergency healthcare system assessment, policy development, and performance improvement activities.
- 6. Develop and maintain a RAC organizational chart and post this organizational chart on the RAC website.

## Regional Trauma, Perinatal, Stroke, Cardiac, and Emergency Healthcare System Plan

- 1. Regional stakeholders, including the RAC board, committees, general membership, community partners, and coalition members, assist in revising the trauma, pediatric, geriatric, stroke, cardiac, and perinatal system plan. The plan must have specific measures that address the pediatric and geriatric population needs.
- 2. The RAC must ensure full implementation of the regional plan and have defined monitoring activities.
- 3. The RAC must define in its bylaws how stakeholders approve the system plan and the process to implement the plan.
  - a. The RAC has a process for evaluating the system plan elements and identifying and tracking the regional system outcomes.
  - b. The RAC must have measures to monitor guidelines and policies that exist for pediatrics (Birth to 15 years of age), geriatric patients (65 years of age and older), and identified special populations, including rural and remote areas.
  - c. The regional plan must have measures to address individuals with specialized care needs, such as specific injury patterns (burns, spinal cord injury, traumatic brain injury, reimplantation, etc.), disease processes, and healthcare needs, as well as

- neonatal and special maternal considerations (Example: placenta accrete spectrum disorder).
- 4. The regional system plan and all associated documents are current and available on the RAC website for public access.

### Regional System Integration

- 1. The RAC must have measures to integrate and build collaborative partnerships with community stakeholders, including but not limited to the following:
  - a. prevention specialist collaboration for regional trauma, perinatal, stroke, cardiac, and emergency healthcare system priorities
  - b. behavioral health resources for the public and the system healthcare workers
  - c. local and regional public health; epidemiology and infectious disease experts
  - d. social services
  - e. law enforcement
  - f. public safety
  - g. military resources
  - h. healthcare and pharmaceutical facility leadership
  - city, county, regional, and district emergency management
  - j. local and county officials
  - k. medical examiners
  - I. academic or educational institutions
  - m. fatality review teams
  - blood bank services n.
  - o. other identified healthcare resources in the region
  - p. non-government and non-profit organizations (Example: American Red Cross)

## Business / Financial Planning

- 1. The RAC must have a defined RAC budget and defined key strategic initiatives.
  - a. The RAC must integrate the GETAC Strategic Plan into its strategic initiatives and define priorities.

- b. RAC stakeholders are integrated in the development of the strategic priorities and how these priorities are moved forward and approved.
- 2. The RAC defines membership dues and membership participation requirements.
- 3. The RAC must have defined processes for stakeholders or committees to request funding for RAC-approved projects.
- 4. The RAC has processes for reallocating funds after finalizing the defined regional budget.
- 5. The RAC has defined procedures to address the EMS (pass-through) allocation of funds.
- 6. The RAC must have its 501(c)3 status validated at the beginning of the annual contract.
- 7. RAC must have all vendor invoices approved by the department prior to submission for payment.

#### Regional Prevention and Outreach

- 1. The RAC maintains a list of organizations with a specific focus dedicated to prehospital, trauma, pediatric, geriatric, perinatal, stroke, cardiac, and specific disease prevention and awareness programs within the region that align with the regional priorities.
- 2. Define the RAC funds allocated to support the system-wide trauma, perinatal, pediatric, geriatric, stroke, cardiac, and other prevention or awareness activities.
- Describe how the RAC targets prehospital, trauma, pediatric, geriatric, perinatal, stroke, cardiac, or other disease processes awareness and prevention programs and utilizes evidence-based prevention strategies.
- 4. Identify contract-funded RAC staff (full or part-time) whose job function is to coordinate the regional outreach awareness and prevention programs defined for the region.
- 5. Explain how the RAC evaluates prehospital, trauma, pediatric, geriatric, perinatal, stroke, cardiac, or other outreach or prevention projects and how the program shares outcomes with stakeholders.
- 6. The RAC identifies gaps in prehospital, trauma, pediatric, geriatric, perinatal, stroke, cardiac, or other prevention efforts for specific regional population groups through the regional self-assessment.

- 7. The RAC integrates coalitions focusing on defined priorities, such as fall prevention, head injuries, pediatric injuries, geriatric injuries, physical abuse, teen pregnancy, safe sleeping, alcohol-related injuries, substance abuse, stroke awareness, cardiac disease, vaccination compliance, rural initiatives, or targeted projects.
- 8. The RAC is integrated with state-wide initiatives such as the Stop the Bleed State Coalition and measures to track and report data to the RAC, State Coalition, and the national Stop the Bleed site.
- 9. Identify the RAC-sponsored professional education provided to address specific requirements and needs for the following:
  - a. physicians
  - b. nurses
  - c. registrars
  - d. EMS personnel
  - e. advanced practice providers
  - other healthcare stakeholders f.
  - g. trauma education and certification programs
  - h. stroke education and certification programs
  - pediatric education and certification programs
  - j. cardiac education and certification programs
  - k. maternal education and certifications
  - neonatal education and certifications
  - m. registry or data management education and certification programs
  - n. performance improvement education
  - disaster education and certification programs
  - p. community awareness educational programs include but are not limited to Stop the Bleed or other department-approved equivalent programs.
- 10. RACs can provide internal programs offered or a list of upcoming educational programs identified through the RAC self-assessment.

#### **Prehospital Services**

- 1. Complete an assessment of the regional EMS resources.
  - a. Describe the EMS system, including Mobile Intensive Care (MICU), Advanced Life Support (ALS) or Basic Life Support (BLS) providers, aeromedical, First Responder Organizations

- (FROs), and non-emergency EMS provider resources available in each county of the RAC.
- b. Identify counties or portions of counties without an authorized or contracted EMS provider.
- 2. List the prehospital resources available throughout the RAC by county.
- 3. Identify prehospital challenges in the RAC and initiatives to address these findings.
- 4. Identify the transport resources available and any resource shortfalls for pediatric and neonatal populations and specialty populations such as bariatric patients in each county in the region.
- 5. Identify areas within the RAC where delays in inter-facility transfers to move patients with acute time-sensitive emergencies for definitive care occur.
- 6. Define how the RAC supports, sustains, and strengthens the prehospital healthcare workforce.
- 7. Define the EMS provider's roles and expectations for participating in the regional system-wide performance improvement plan.
- 8. Define how the RAC integrates the needs identified in 1-7 into the regional priorities.
- 9. The RAC has processes for keeping facility EMS provider leaders updated on their scorecards regarding membership attendance, expectations for participation, and providing data for the regional system performance improvement initiatives.

#### **Definitive Care Facilities**

- List the current levels of trauma, stroke, maternal, and neonatal designated facilities, including non-designated cardiac chest pain centers within the region by county, and expectations regarding RAC participation. Specify the pediatric designated facilities within the region.
- 2. Describe the roles of the non-designated acute care facilities in the regional system, specifically those that provide pediatric, geriatric, perinatal, behavioral health, and other healthcare resources available in the RAC by county.
- 3. Define the processes for non-designated acute care facility representation on the various regional committees.

- 4. The RAC has processes to provide mentorship to foster committee participation and participation in priorities outlined by the committees.
- 5. Define the designated facilities' roles and expectations for participating in the regional system-wide performance improvement plan.
- 6. The RAC has processes for educating prehospital personnel on the capabilities of all possible receiving facilities.
- 7. The RAC has processes for notifying the regional stakeholders when a facility loses capability or withdraws from the designation program.
- 8. The RAC has processes for tracking and monitoring diversion and capacity of the designated centers and reports this information in its performance improvement reports.
- 9. The RAC has processes for keeping facility CEOs updated on the facility's scorecard regarding membership attendance, expectations for participation, keeping EMResource or equivalent system updated, and providing data for the regional system performance improvement initiatives.
- 10. The RAC identifies meeting requirements and participation listed in the desgination rules for trauma, stroke, maternal, and neonatal facilities and defines processes to track requirements and provide feedback to the designated facilities annually.

### Regional System Coordination and Patient Flow

- 1. The RAC has defined regional prehospital field triage and destination guidelines that utilize the current national best-practice standards and implements these guidelines with the prehospital Medical Directors' approval and support. The RAC must have a defined implementation plan that includes stakeholder education, monitoring processes, and integration into the regional system performance improvement initiatives.
- 2. The RAC has implemented system-wide guidelines that address the "safe transport of patients and personnel" and integrates these guidelines into the system performance improvement initiatives.
- 3. The RAC maintains a regional coordination process for interfacility transfers within or outside of the region and processes for tracking these transfers to identify unavailable resources, delayed transport needs, and double transfers within the region. If a regional coordination process is not available, the RAC monitors the type and

- number of patients that are transferred out of the region and why they are transferred.
- 4. The RAC maintains processes for facilitating the transfer of acute or critical patients out of the rural facilities, such as "auto-launch" of air medical services, strategic alignment of air medical hubs throughout the region, or tracking air medical services to identify the most available for transport or establishing expected response times for ground and air medical services for transfers.
- 5. The RAC facilitates the utilization of technology to share patient information and images from transferring facilities to the receiving facilities to expedite the receiving medical team's patient decision-making and priorities. If the RAC does not have these capabilities, the RAC has a list of these resources available to assist with this endeavor.

#### Regional Rehabilitation

- 1. The RAC integrates rehabilitation facilities and providers into the regional prehospital, trauma, pediatric, perinatal, stroke, cardiac, and emergency healthcare system planning.
- 2. The RAC maintains a list of the current rehabilitation specialty care capabilities available by each county of the region.

#### Regional Disaster Preparedness

- 1. RACs maintain meaningful participation in regional disaster preparedness, planning, response, recovery, and after activities and support to hospital preparedness stakeholders, including DSHS and the defined Hospital Healthcare Coalition.
- 2. RAC collects data from each hospital located in its region. The data is de-identified health care data to include demographic data as necessary. The data is shared with the state. The data is utilized for the region and state to effectively plan and respond to public health disasters and emerging communicable or infectious diseases.
- 3. The RAC ensures the information is publicly available by posting the information on its website; all data must be de-identified and HIPAA compliant.
- 4. The RAC posts information regarding the public health disaster on its website using a common language that is easy for the public to understand in English and Spanish.

- 5. The RAC maintains an inventory of the Personal Protective Equipment (PPE) available in its region and shares this information with regional stakeholders and the department.
- 6. The RAC, in collaboration with the HPP stakeholders, ensures the region identifies gaps in pediatric disaster readiness and develops priorities to close this gap.

#### System-wide Performance Improvement

- 1. The RAC will implement and maintain a regional system-wide written performance improvement plan and provide education to stakeholders regarding their role and expectations in the plan and the plan for implementing the performance improvement plan.
  - a. Define the organizational structure to include stakeholder participation in the regional performance improvement plan.
  - b. Define the regional performance improvement process for reviewing referrals and identified events or variances from defined guidelines, identifying opportunities for improvement, and implementing and tracking the defined corrective action plan through to event resolution.
- 2. List the system processes and patient outcome measures tracked through the regional systems.
- 3. The RAC evaluates the pediatric readiness capabilities of the regional prehospital and designated facilities to identify priority action items to improve pediatric care in the region.
- 4. The RAC develops an annual performance improvement summary report that is shared with its stakeholders, regional partners, the business community, local elected officials, and the department.

## Data Management and Information Systems

- 1. Define the processes of the RAC related to collecting and analyzing data to support the RAC performance improvement functions and ensure the confidentiality of data when appropriate.
- 2. Define the process for data analysis, utilization of the data, and how this data is shared.
- 3. Outline the process for the regional development of standard systemwide reports, the frequency of the reports, and how the reports are

- integrated into the annual report and shared with stakeholders, regional partners, the business community, and local elected officials.
- 4. Outline the current regional activities designed to foster data integrity and validation for collected regional data.
- 5. The RAC maintains processes to collect, analyze, and report data as directed by the department.

#### Regional Research

- The RAC has procedures and processes for stakeholders to request regional data, including measures to ensure Health Information Portability and Accountability Act (HIPAA) compliance and confidentiality.
- 2. The RAC has measures in place to support research for trauma, perinatal, pediatric, geriatric, stroke, cardiac, and the emergency healthcare system.
- 3. The RAC maintains guidelines for gaining approval to submit a research project, an abstract, or a publication supported and funded by the RAC.

# Appendix A: RAC Data Needs for Completion of the Self-Assessment

# National Emergency Medical Services Information System (NEMSIS) Data Request Per Calendar Year

- Annual EMS runs and transports describing Strokes per RAC utilizing the age break down listed in the criteria.
- Annual runs and transports describing Cardiac events per RAC utilizing the age break down listed in the criteria.
- Annual runs and transports for pregnancy and postpartum.
  (Information not available in NEMSIS consistently)
- Annual total EMS runs per RAC utilizing the age break down listed in the criteria.

### Trauma Data Request Per Calendar Year

- Trauma data from the registry reflecting trauma deaths by age breakdown.
- Trauma data from the registry reflecting trauma deaths by injury severity score (ISS).
- Death certificate data for trauma patients dead in the field by age and type of injury
- Annual total RAC hospital trauma registry submissions by ISS, age breakdown, and average LOS
- Annual top five causes of injury by RAC and by age
- Annual top five injury causes of death by RAC and by age.
- Annual RAC report
  - RAC data regarding patients in Shock (age 15 to 65 with a BP less than 90 in the field or ED)
  - RAC data regarding patients with Spinal Injuries overall
  - RAC data regarding patients with TBI injuries overall
  - RAC double transfers (arrived by transferred in and ED disposition of transferred out to acute care hospital and arrived by transferred into the ED and then transferred out within twenty-four hours)

#### PRC-defined Data Needs

Jeremy Triplett will work with the PRC Chair and bring recommendations to the RAC Chairs for discussion.